Schedule E) PAGE 1 OF 12 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) FEC IDENTIFICATION NUMBER ▼						
VICE (VIICE IN TOLA IN DO TIET OBEIG	C C00553560					
Check if 24-hour report 48-hour report New report Amends report filed on 06						
Full Name of Payee CONSOLIDATED MAILING SERVIO	CES			of Public Distribution/Dissemination		
Mailing Address 504 SHAW RD			Amou			
SUITE 206						
City STERLING	State VA	Zip Code 20166	Trans	4940.49 action ID : SE.56398		
Purpose of Expenditure				of Disbursement or Obligation		
VOTER CONTACT MAIL		Category/ Type 004		06 13 / 2016		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
HILLARY RODHAM CLINTON		X Oppose	x Preside	ent Senate State:		
Calendar Year-To-Date Per Election for Office Sought	, , ,	119899.46	Disbursemen 2016 O	t For: Primary X General ther (specify) ▶		
Full Name of Payee	_		Date	of Public Distribution/Dissemination		
CONSOLIDATED MAILING SERVICES	S			06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 504 SHAW RD			Amou	int		
SUITE 206			Alliou			
City	State	Zip Code		39.42		
STERLING	VA	20166		of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		06 / 13 / 2016		
Name of Federal Candidate		x Support	Office Sough	nt: House District: 00		
TIMOTHY E SCOTT		Oppose	Presid	ent Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought	, , ,	27272.64	Disbursemer 2016	at For: Primary X General Sther (specify) ▶		
,						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditu	res			. 7 7		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE Signature	[Electron	ically Filed] Date	9 09	20 / 2016		
Signaturo						

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 06 2016 14 Full Name of Payee Date of Public Distribution/Dissemination CONSOLIDATED MAILING SERVICES 2016 06 13 Mailing Address 504 SHAW RD Amount SUITE 206 State Zip Code City 204.98 VA 20166 Transaction ID: SE.56405 **STERLING** Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 06 13 2016 Type Name of Federal Candidate 23 **x** ∣ House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 27872.28 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination CONSOLIDATED MAILING SERVICES 13 2016 Mailing Address 504 SHAW RD Amount SUITE 206 City State Zip Code 21.21 **STERLING** VA Transaction ID: SE.56406 20166 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 06 13 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary ✗ General Calendar Year-To-Date Disbursement For: 2016 27206.71 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 226.19 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 20 2016 Date Signature

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OF

PAGE 3 OF 12 FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	C C00553560						
Check if 24-hour report 48-hour report New report Amends report filed on 06 14 2016							
Full Name of Payee DIRECT SUPPORT SERVICES INC	Date of Public Distribution/Dissemination						
	06 13 2016						
Mailing Address 1155 - 15TH STREET NW	Amount						
SUITE 410 City State Zip Code	3988.11						
WASHINGTON DC 20005	Transaction ID : SE.56399 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	06 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	Sought: House District: 00						
HILLARY RODHAM CLINTON X Oppose X	President Senate State:						
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For:						
Full Name of Payee DIRECT SUPPORT SERVICES INC	Date of Public Distribution/Dissemination						
	06 13 2016						
Mailing Address 1155 - 15TH STREET NW	Amount						
SUITE 410	24.00						
City State Zip Code WASHINGTON DC 20005	31.82 Transaction ID : SE.56407 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	06 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	Sought: House District: 00						
TIMOTHY E SCOTT Oppose	President Senate State: SC						
Calendar Year-To-Date Per Election for Office Sought Disbut 27304.46 Disbut 2016	ursement For: Primary General Other (specify) ▶						
_							
(a) SUBTOTAL of Itemized Independent Expenditures	4019.93						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
SCOTT B MACKENZIE [Electronically Filed] Date							

PAGE 4 OF 12 FOR SE OF FORM 24/48						
VAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)						
C C00553560						
Check if 24-hour report 48-hour report New report Amends report filed on 06						
Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination				
Mailing Address 1155 - 15TH STREET NW		06 13 2016				
SUITE 410		Amount				
City State	Zip Code	165.46				
WASHINGTON DC	20005	Transaction ID : SE.56412 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office	ce Sought: X House District: 23				
WILLIAM HURD	Oppose	President Senate State:TX				
Calendar Year-To-Date Per Election for Office Sought	28037.74 Dist 2010	oursement For: Primary X General 6 Other (specify) ▶				
Full Name of Payee		Date of Public Distribution/Dissemination				
DIRECT SUPPORT SERVICES INC		06 13 2016				
Mailing Address 1155 - 15TH STREET NW		Amount				
SUITE 410		Amount				
City State	Zip Code	17.13				
WASHINGTON DC	20005	Transaction ID : SE.56417 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	06 / 13 / Y 2016				
Name of Federal Candidate	🗶 Support Offi	ce Sought: House District: 04				
MIA LOVE	Oppose	President Senate State: UT				
Calendar Year-To-Date Per Election for Office Sought	27223.84 Dis. 201	bursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	·····	182.59				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE [Electroni	cally Filed] Date □	09 20 / 2016				
Oignature						

Sc	chedule E)		PAGE 5 OF 12 FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full) IGOP (VIRGIN ISLANDS REPUBLICAN PART)	Y)	FEC IDENTIFICATION NUMBER ▼ C C00553560				
Ch	neck if 24-hour report 🗶 48-hour report New report	ort 🗶 Amends repo	ort filed on 06 / 14 / 2016				
	Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination 06 / 13 / 2016				
	Mailing Address 1900 N CULPEPPER ST		Amount				
	City State	Zip Code	166.60				
	ARLINGTON VA	22207	Transaction ID : SE.56401 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	HILLARY RODHAM CLINTON	X Oppose	President Senate State:				
	Calendar Year-To-Date Per Election for Office Sought	124877.30	Disbursement For:				
	Full Name of Payee DONOR BUREAU		Date of Public Distribution/Dissemination 06 13 2016				
	Mailing Address 1900 N CULPEPPER ST		Amount				
Ì	City State	Zip Code	1.33				
	ARLINGTON VA	22207	Transaction ID : SE.56409 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	06 / 13 / Y 2016				
	Name of Federal Candidate	x Support	Office Sought: House District:00				
	TIMOTHY E SCOTT	Oppose	President Senate State: SC				
	Calendar Year-To-Date Per Election for Office Sought	27312.35	Disbursement For: Primary General 2016 Gher (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 167.93				
	(b) SUBTOTAL of Unitemized Independent Expenditures		-				
	(c) TOTAL Independent Expenditures		•				
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	SCOTT B MACKENZIE [Electroni	ically Filed] Date	e 09 20 2016				
	Signature	_					

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) IGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	FE	C IDENTIFICATION NUMBER ▼
_	(VIICOI VIOLINIDO NEI OBEIO/IIVI / IIVI I)	C	C00553560
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on 06	14 2016
	Full Name of Payee DONOR BUREAU		Public Distribution/Dissemination
		06	
	Mailing Address 1900 N CULPEPPER ST	Amount	
	City State Zip Code		6.91
	ARLINGTON VA 22207		ion ID : SE.56414 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	M 06	M / D D / Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	✗ House District:23
	WILLIAM HURD Oppose	President	Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought Disbu 28078.80 Disbu 2016	rsement Fo	or: Primary X General r (specify) ▶
	Full Name of Payee		Public Distribution/Dissemination
	DONOR BUREAU	Male of F	M / D D / Y Y Y Y
	Mailing Address 1900 N CULPEPPER ST	Amount	13 2010
	City State Zip Code		0.72
	ARLINGTON VA 22207		on ID : SE.56419 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	^M 06	M / D D / Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	x House District: <u>04</u>
	MIA LOVE Oppose	President	Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought Disbut 27228.10	rsement Fo	or: Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures		7.63
	(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 2
	(c) TOTAL Independent Expenditures		7 1 7 1 7
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electronically Filed] Date 09	M / D	20 2016
	Signature		

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	F COMMITTEE (In Full)	^ DT\/\	\			FEC	IDENTIFICATION	ON NUMBER ▼
VIGO	P (VIRGIN ISLANDS REPUBLICAN PA	4K I Y))			C	C00553560	
Check if	24-hour report	w report	x Am	ends repo	rt filed on	06	14	2016
	lame of Payee				D	ate of Pub	lic Distribution	/Dissemination
DS	3 I					M M M M M M M M M M M M M M M M M M M	13	2016
Mailir	ng Address 1155 - 15TH STREET NW				Λ.	mount		
	SUITE 410				A	mount		
City	State	Zi	ip Code				, , , , , , , , , , , , , , , , , , , ,	823.13
WAS	SHINGTON DC	2	0005				ID: SE.56400 oursement or 0	
	ose of Expenditure ER CONTACT MAIL		Category/ Type	004		M M M 06	13	2016
Name	e of Federal Candidate	,		Support	Office So	ought:	House	District: 00
HILL	ARY RODHAM CLINTON		X	Oppose	x Pre	esident	Senate	State:
	Calendar Year-To-Date Per Election for Office Sought	1	124710.70		Disburse 2016	ment For:	Primary specify) ▶	X General
Full I	Name of Payee	,						/Dissemination
DS						M = M	/ D D /	Y = Y = Y
Maili	ng Address 1155 - 15TH STREET NW					06	13	2016
	SUITE 410				A	mount		
City	State	Z	ip Code					6.56
WAS	SHINGTON DC	2	20005			ansaction	ID: SE.56408 bursement or 0	Obligation
	ose of Expenditure ER CONTACT MAIL	(Category/ Type	004		06	13	2016
Nam	e of Federal Candidate	ı	×	Support	Office So	ought:	House	District:00
TIMO	OTHY E SCOTT			Oppose	Pr	esident	✗ Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought	,	27311.02		Disburse 2016	ment For:	Primary	General
(a) St	JBTOTAL of Itemized Independent Expenditures				• [7		829.69
(b) Sl	JBTOTAL of Unitemized Independent Expenditures				•		4	
(c) TO	TAL Independent Expenditures				•		- 7	1 20
with, c	penalty of perjury I certify that the independent expend r at the request or suggestion of, any candidate or auth committee) any political party committee or its agent.							
-0:		lectronica	ally Filed]	Date	M M	/ 20	201	6
Sig	nature							

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 24-hour report ¥ 48-hour report New report | X | Amends report filed on Check if 06 2016 14 Full Name of Payee Date of Public Distribution/Dissemination DSSI 2016 06 13 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 34.15 DC 20005 Transaction ID: SE.56413 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 06 13 2016 Type Name of Federal Candidate 23 **X** House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 28071.89 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DSSI 13 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 3.54 WASHINGTON DC Transaction ID: SE.56418 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 06 13 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary ✗ General Calendar Year-To-Date Disbursement For: 2016 27227.38 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 37.69 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 20 2016 Date Signature

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OF

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 06 2016 14 Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 06 13 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 2563.79 DC 20005 Transaction ID: SE.56402 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 06 13 2016 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY RODHAM CLINTON X Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 127441.09 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 13 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 20.46 WASHINGTON DC Transaction ID: SE.56410 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 06 13 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose President Senate State: ✗ General Calendar Year-To-Date Disbursement For: Primary 2016 27332.81 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2584.25 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 20 2016 Date Signature

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PAGE 10 OF 12 FOR SE OF FORM 24/48						
VAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)						
	C C00553560					
Check if 24-hour report 48-hour report New report Amends report filed on 06 / 14 2016						
Full Name of Payee FORTH RIGHT STRATEGY INC			M	f Public Distribution/Dissemination		
Mailing Address 1155 - 15TH STREET NW			Amour	06 13 2016		
SUITE 410			Amour			
City	State	Zip Code		106.37		
WASHINGTON	DC	20005		action ID : SE.56415 f Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		x Support	Office Sought	: X House District: 23		
WILLIAM HURD		Oppose	Preside	nt Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought	7 7	28185.17	Disbursement 2016 Ot	For: Primary X General her (specify) ▶		
Full Name of Payee			Date o	of Public Distribution/Dissemination		
FORTH RIGHT STRATEGY INC				06 13 2016		
Mailing Address 1155 - 15TH STREET NW						
SUITE 410			Amour	it		
City	State	Zip Code		11.01		
WASHINGTON	DC	20005		ction ID : SE.56420 of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		06 13 / 2016		
Name of Federal Candidate		x Support	Office Sought	: X House District: 04		
MIA LOVE		Oppose	Preside	nt Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	27239.11	Disbursement 2016 Ot	For: Primary X General ther (specify) ►		
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	117.38		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE Signature	[Electron	ically Filed] Date	M M / 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signaturo						

12 PAGE OF 11 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 06 2016 14 Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 2016 06 13 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 471.25 DC 20005 Transaction ID: SE.56403 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 06 13 2016 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY RODHAM CLINTON X Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 127912.34 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 13 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 3.76 WASHINGTON DC Transaction ID: SE.56411 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 06 13 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose President Senate State: **✗** General Calendar Year-To-Date Disbursement For: Primary 2016 27336.57 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 475.01 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 20 2016 Date Signature

12 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 06 2016 14 Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 2016 06 13 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 19.55 DC 20005 Transaction ID: SE.56416 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 06 13 2016 Type Name of Federal Candidate 23 **x** ∣ House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 28204.72 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 13 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 2.02 WASHINGTON DC Transaction ID: SE.56421 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 06 13 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary **✗** General Calendar Year-To-Date Disbursement For: 2016 27241.13 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 21.57 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 13649.77 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 20 2016 Date Signature

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